

Parent Checklist of Voice Concerns

Student's Name: _____ Date of Birth: _____

Person completing the form: _____ Date: _____

<i>Please check all that apply to the student's voice:</i>	<i>Yes</i>
1. Is hoarse for more than two weeks.	
2. Has had episodes of laryngitis lasting more than two weeks.	
3. Voice pitch is too high, too low, or not appropriate for age and/or sex.	
4. Talks through nose.	
5. Voice is too loud or too soft.	
6. Has a breathy voice (i.e., a Marilyn Monroe type of voice).	
7. Voice sounds strained.	
8. Has visible tension in neck, upper body, or face when speaking.	
9. Voice breaks in student too young to be experiencing change of voice.	
10. Voice is monotone.	
11. Has irregular or labored breathing when speaking.	
12. Has any voice characteristic that attracts attention.	
13. Has had a tonsillectomy and/or adenoidectomy.	